

BEST AVAILABLE COPY

SERIAL NUMBER <p style="text-align: center;">09/366,114</p>	FILING DATE <p style="text-align: center;">08/02/99</p>	CLASS <p style="text-align: center;">709</p>	GROUP ART UNIT <p style="text-align: center;">2756</p>	ATTORNEY DOCKET NO. <p style="text-align: center;">STUART-ISAM</p>
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APPLICANT

ROBERT O. STUART, INDIANAPOLIS, IN; SCOTT P. STUART, ATLANTA, GA.

****CONTINUING DOMESTIC DATA*******

VERIFIED

AA

****371 (NAT'L STAGE) DATA*******

VERIFIED

AA

****FOREIGN APPLICATIONS*******

VERIFIED

AA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/20/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <p style="text-align: center;">IN</p>	SHEETS DRAWING <p style="text-align: center;">8</p>	TOTAL CLAIMS <p style="text-align: center;">39</p>	INDEPENDENT CLAIMS <p style="text-align: center;">4</p>
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ADDRESS

MICHAEL B MCNEIL
511 S MADISON STREET
P O BOX 2417
BLOOMINGTON IN 47402

TITLE

SYSTEM AND METHOD FOR PROVIDING A SERVICE TO A CUSTOMER VIA A COMMUNICATION LINK

FILING FEE RECEIVED <p style="text-align: center;">\$590</p>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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